



# THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Referral: GP / Orth / Self / Other \_\_\_\_\_

Work demands \_\_\_\_\_

Leisure activities \_\_\_\_\_

Functional limitation for present episode \_\_\_\_\_

Outcome / Screening score \_\_\_\_\_

NPRS (0-10) \_\_\_\_\_

Present symptoms \_\_\_\_\_

Present since \_\_\_\_\_ improving / unchanging / worsening

Commenced as a result of \_\_\_\_\_ no apparent reason

Symptoms at onset \_\_\_\_\_

Constant symptoms \_\_\_\_\_ Intermittent symptoms \_\_\_\_\_

Worse      bending      sitting / rising      turning neck / trunk      standing      lying  
                am / as the day progresses / pm      when still / on the move  
                other \_\_\_\_\_

Better      bending      sitting / rising      turning neck / trunk      standing      lying  
                am / as the day progresses / pm      when still / on the move  
                other \_\_\_\_\_

Disturbed sleep      yes / no      Sleeping postures: prone / sup / side R / L      Pillows: \_\_\_\_\_

Previous spinal history \_\_\_\_\_

Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

Cough / sneeze / deep breath \_\_\_\_\_ Gait / Upper Limbs: normal / abnormal

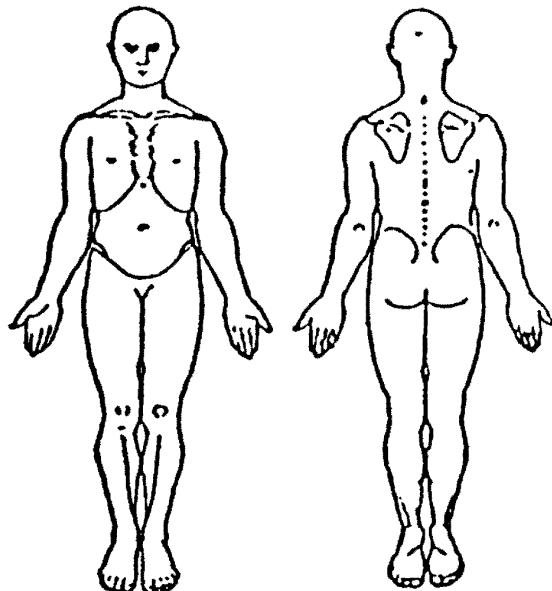
Medications: \_\_\_\_\_

General health / Comorbidities: \_\_\_\_\_ Recent / relevant surgery: yes / no \_\_\_\_\_

History of cancer: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_

History of trauma: yes / no \_\_\_\_\_ Imaging: yes / no \_\_\_\_\_

Patient goals / expectations: \_\_\_\_\_



## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *erect / neutral / slump*      Protruded head: yes / no      Change of posture: *better / worse / no effect* \_\_\_\_\_  
 Standing: *neutral / kyphotic* \_\_\_\_\_  
 Other observations / functional baselines: \_\_\_\_\_

### NEUROLOGICAL (upper and lower limb)

Motor deficit \_\_\_\_\_      Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_      Neurodynamic tests \_\_\_\_\_

### CERVICAL SPINE REPEATED MOVEMENT TESTING

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

Rep Pro	_____
Rep Ret	_____
Rep Ret Ext	_____
Rep LF - R	_____
Rep LF - L	_____
Rep ROT - R	_____
Rep ROT - L	_____
Rep Flex	_____

**TEST MOVEMENTS**      Describe effect on present pain – **During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
<b>Pretest symptoms sitting</b>				
FLEX				
Rep FLEX				
EXT				
Rep EXT				
<b>Pretest symptoms lying</b>				
EIL (prone)				
Rep EIL (prone)				
EIL (supine)				
Rep EIL (supine)				
<b>Pretest symptoms sitting</b>				
ROT - R				
Rep ROT - R				
ROT - L				
Rep ROT - L				
Other movements				

**STATIC TESTS** Flex / Ext / Rotation / Other \_\_\_\_\_      **OTHER TESTS** \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

**Derangement**      Central or symmetrical      Unilateral or asymmetrical

Directional Preference: \_\_\_\_\_

**Dysfunction:** Direction \_\_\_\_\_      Postural      OTHER subgroup: \_\_\_\_\_

**POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY**      Comorbidities      Cognitive - Emotional      Contextual  
 Descriptions: \_\_\_\_\_

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_      Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

Signature \_\_\_\_\_